## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                   |                                   |                      |                 |           |                        |
|---|-----------------------------------|----------------------|-----------------|-----------|------------------------|
| 1 Date of Request: 2 Serial/Patent # 40/52/2086 |                                   |                      |                 |           |                        |
| 3 Please refund the following fee(s):           |                                   | 4 PAPER<br>NUMBER    | 5 DATE<br>FILED | 6 AMOUNT  |                        |
|   | Filing                            |                      |                 | 10Feb05   | \$ 500                 |
|   | Amendment                         |                      |                 |           | \$                     |
|   | Extension of Time                 |                      |                 |           | \$                     |
|   | Notice of Appeal/Appeal           |                      |                 |           | \$                     |
|   | Petition                          |                      |                 | _         | \$                     |
|   | Issue                             |                      |                 |           | \$                     |
|   | Cert of Correction/Terminal Disc. |                      |                 |           | \$                     |
|   | Maintenance                       |                      |                 |           | \$                     |
|   | Assignment                        |                      |                 |           | \$                     |
|   | Other                             | -                    |                 |           | \$                     |
|   |                                   | 7 TOTAL AMOUNT S SUO |                 |           |                        |
|   |                                   | 8 TO BE REFUNDED BY: |                 |           |                        |
| 10 REASON:                                      |                                   | Treasury Check       |                 |           |                        |
| X   | Overpayment                       |                      | C               | redit Dep | osit A/C #:            |
|   | Duplicate Payment                 |                      | 9 (             | 1910      | 458                    |
|   | No Fee Due (Explanation):         |                      |                 |           |                        |
|   |                                   |                      |                 |           |                        |
|   |                                   |                      |                 |           |                        |
|   |                                   |                      |                 |           |                        |
| 11 REFUND REQUESTED BY:                         |                                   |                      |                 |           |                        |
| TYPED/PRINTED NAME:                             |                                   |                      |                 | ITLE: 74  | 14 bgar<br>23/8GMUEA2/ |
| signature: the cuell phone: 10330               |                                   |                      |                 |           | 3089MUEA216            |
| OFFICE:  ***********************************    |                                   |                      |                 |           |                        |
| APPROVED:                                       |                                   |                      |                 |           |                        |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B